

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

RECEIVED NO.
10/510148
APPLICANT

REG. DATE
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Patent Stage Processing
Patent Specialist
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CLAIMS

CLM NO.	AS FILED		AFTER AMENDMENT		AFTER AMENDMENT	
	IND. DEP.	IND. DEP.	IND. DEP.	IND. DEP.	IND. DEP.	IND. DEP.
1	/	/	/	/	/	/
2	/	/	/	/	/	/
3	/	/	/	/	/	/
4	/	/	/	/	/	/
5	/	/	/	/	/	/
6	/	/	/	/	/	/
7	/	/	/	/	/	/
8	/	/	/	/	/	/
9	/	/	/	/	/	/
10	/	/	/	/	/	/
11	/	/	/	/	/	/
12	/	/	/	/	/	/
13	/	/	/	/	/	/
14	/	/	/	/	/	/
15	/	/	/	/	/	/
16	/	/	/	/	/	/
17	/	/	/	/	/	/
18	/	/	/	/	/	/
19	/	/	/	/	/	/
20	/	/	/	/	/	/
21	/	/	/	/	/	/
22	2	/	/	/	/	/
23	6	/	/	/	/	/
24	1	4	/	/	/	/
25	1	1	/	/	/	/
26	1	1	/	/	/	/
27	1	1	/	/	/	/
28	3	/	/	/	/	/
29	6	/	/	/	/	/
30	1	1	/	/	/	/
31	1	1	/	/	/	/
32	1	1	/	/	/	/
33	1	1	/	/	/	/
34	1	1	/	/	/	/
35	1	1	/	/	/	/
36	1	1	/	/	/	/
37	1	1	/	/	/	/
38	5	/	/	/	/	/
39	1	1	/	/	/	/
40	1	1	/	/	/	/
41	1	1	/	/	/	/
42	1	1	/	/	/	/
43	1	1	/	/	/	/
44	1	1	/	/	/	/
45	2	1	/	/	/	/
46	1	1	/	/	/	/
47	1	1	/	/	/	/
48	1	1	/	/	/	/
49	1	1	/	/	/	/
50	1	1	/	/	/	/
TOTAL IND.	11	11	11	11	11	11
TOTAL DEP.	52	43	43	43	43	43
TOTAL CLAIMS	63	54	54	54	54	54